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**Dr. Juan A. Albino**, with The Village Sleep Lab and Breathing Center, talks with Nadine Hess about her Restless Leg Syndrome.



## RESTLESS LEG SYNDROME SUFFERERS FIND SUPPORT GROUP INVALUABLE

By **CAROLINE KLAPPER**  
DAILY SUN

**W**HEN Nadine Hess of Lady Lake was a teenager, she was told the unpleasant creepy-crawly feeling she got in her legs at night was just growing pains.

When the feeling later disappeared, Hess thought the problem was gone, but then, in her 30s, the creepy-crawlies returned and got to the point that she couldn't rest at night without feeling the urge to move to relieve the sensation.

"It's just a horrible feeling that you have to move. It's like you have bugs crawling under your skin or a tingling," she said. "The only way you can stop the feeling is to move."

Nadine was diagnosed with a severe case of Restless Leg Syndrome, a neurological movement disorder, which about 10 percent of the population has to some degree.

According to the RLS Foundation, the disorder is characterized by the urge to move the legs, especially during rest and at night, because of an unpleasant sensation in the legs, which is usually described as creepy-crawly, itching, pulling, tugging or pins and needles.

The cause of RLS is unknown, but there are two types. One type is hereditary and is known as primary or familial RLS. The other type of RLS often occurs as a result of another condition, and it is called secondary RLS.

Nadine has familial RLS; her father, siblings and daughters all have RLS. While her case is severe, many people suffer from mild to moderate RLS.

"It's one of the most insidious diseases because you can't rest," Nadine said.

### A place to find support

Looking for somewhere to find out more about RLS, Nadine and her husband, George Hess, discov-

ered an RLS support group in the area. Two years ago, when the founders of the group resigned, George decided to continue and took over leading the group.

"A lot of people have got it but don't even know what they've got," he said of RLS. "Support groups are a help to people with problems."

The support group meets during the winter months at 1800 Bella Cruz Drive, on the east campus of The Villages Regional Medical Center.

"We have medical people that speak to the group and give them information about the problem and possible solutions for their problem," George said. "People help each other, passing on what they know."

Village of Orange Blossom Gardens resident Ann Phillips said she goes to every meeting she can attend when she is in town.

"I wouldn't miss one. I go to every one," she said. "They are very good, and the people are very, very helpful."

Phillips has familial RLS, which she inherited from her mother, and she has suffered from it for about 20 years.

"I've had it for a long, long time, before I knew what it was," she said. "My mother had it, and she called it jerky legs."

Through others at the support group meetings, Phillips has learned about several methods to help with her RLS, including listening to relaxation tapes and putting her feet in hot water before going to bed.

"It does help," she said. "I find it absolutely wonderful, because everyone there is suffering from it (RLS) or is with someone who is suffering from it. You don't feel silly."

### Solutions for RLS sufferers

At January's meeting, Dr. Juan A. Albino, a board-certified sleep medicine physician at Village

### The Restless Leg Syndrome Support Group

is open to anyone with RLS. The next meeting date has not been scheduled yet, but for information, call George Hess at 205-1117. For information on RLS, visit the RLS Foundation at [rls.org](http://rls.org).



Albino talks to members of the Restless Leg Syndrome Support Group at The Villages Regional Medical Center.

Submitted photo

## RESTLESS, from D1

Sleep Lab, talked to the group about RLS. Albino has treated patients with RLS and a related disorder called Periodic Leg Movement Disorder – which causes involuntary leg movements or kicking at night – because both disorders can cause severe insomnia.

The good news for most people suffering from RLS is “it’s common, it can be diagnosed and it’s treatable,” Albino said.

Treatment for RLS is determined by the type of RLS a patient has and its severity.

Secondary RLS is usually caused by another condition such as iron deficiency, diabetes, pregnancy, renal failure or peripheral neuropathy. RLS can be aggravated by stress, surgery, sitting for a long period of time or lack of sleep. If or when the other condition is resolved, the patient’s RLS usually disappears, Albino said.

For those who have persistent RLS, usually the hereditary type, there are many treatments based on the severity of the disorder.

People with mild RLS

only occasionally experience the disorder, and it doesn’t really impact their daily lives. Others with moderate RLS suffer from it about three times a week. Only about 3 percent of people have severe RLS, which means they have symptoms occurring every day.

For people with mild to moderate RLS, good sleep habits such as a regular bedtime, a relaxing bedroom atmosphere and avoidance of alcohol, caffeine and nicotine at night can help prevent RLS episodes.

Other preventive measures include good eating habits and regular exercise. To relieve occasional RLS, stretching, massaging the legs, walking or standing can help.

There are several medications which can also help patients with RLS, but Albino said, “The majority of patients don’t take drugs on a regular basis.”

Usually, only patients who have frequent symptoms that are disabling and interfering with sleep and social life need medication.

Requip and Mirapex are the two drugs most commonly used to treat RLS, and Albino said they work well, with about 90 percent

of patients finding relief from taking them. Other medications that are used to treat RLS include sedatives, anti-convulsants and low-potency narcotics.

“I’m gratified as a physician and doctor that people are learning about it and getting treatment,” Albino said. “On the whole it’s a rewarding disease to treat. Many patients have suffered with it for years ... and didn’t know what it was. (Then) they come in (and) they find relief.”

Medical professionals such as Albino are valuable sources of information at the support group meetings, and Nadine said she has learned a lot from them and other group members.

She said she and the other 60 to 70 members of the group exchange information and experiences at every meeting.

“You get help from just talking to each other. Some people have some good ideas,” she said. “It’s a wonderful support group.”

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